PATENT APPLICATION FEE DETERMINATION RECORD									Application or Docket Number			
Effective December 8, 2004								· · · · · · · · · · · · · · · · · · ·	10	<u>/j.</u>	5971	9
CLAIMS AS FILED - PART I								SMALL ENT	TITY		OTHER THAN	
			(Column	1)	(Column 2)		_	TYPE		OR	SMALL ENTITY	
U.S	. NATIONAL	STAGE FEES	8					RATE	FEE		RATE	FEE
BASIC FEE			SMALL ENT.	SMALL ENT. = \$ 150		GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EXAMINATION FEE			Satisfies PCT Article 33(1)- (4) = \$50 / \$ 100			ther situations = 100 / \$ 200		EXAM. FEE			EXAM. FEE	200
SEARCH FEE			U.S. is ISA = \$50 / \$100 ALL other countries = \$200 / \$400			ther situations = 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			minus 100 =			/ 50 =		X \$ 125 =		ŀ	"X"\$ 250 =	
TOTAL CHARGEABLE CLAIMS			8 min	us 20 =	*			X \$ 25 =		OR	X \$ 50 =	
INDEPENDENT CLAIMS			/ mi	nus 3 =	*			X \$ 100 =		OR	X \$ 200 =	
MULTIPLE DEPENDENT CLAIM PRE			ESENT	N				+ \$ 180 =		OR	+ \$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2						lumn 2		TOTAL		OR	TOTAL	900
		CI AIRIC AC	AMENDED	DAD	r ()				•			
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER		HIGHES NUMBE PREVIOU PAID FO		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	· OIX	=		X \$ 25 =		OR	X \$ 50 =	, 20
	Independent	*	Minus	***		2		X \$ 100 =		OR	X \$ 200 =	
٩	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+ \$ 360 =	
·								TOTAL ADDIT. FFF		ÖR	TOTAL ADDIT.	
			•					• • • • • • • • • • • • • • • • • • • •				
80		(Column 1) CLAIMS REMAINING AFTER		(Colun HIGH NUMI PREVIO	EST BER	(Column 3) PRESENT EXTRA		RATE	- ADDI- TIONAL		RATE	ADDI- TIONAL
AMENDMENT	Tatal	AMENDMENT *		PAID	FOR				FEE			FEE
	Total	*	Minus	***		=		X \$ 25 =		OR	X \$ 50 =	
	Independent	L	Minus					X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1	+ \$ 180 =		OR	+ \$ 360 =	
								FFF		OR	FFF	
	•											
**	If the "Highest No	umn 1 is less than the umber Previously Pai	id For" IN THIS SPA	ACF is les	s than '2	0' enter "20"						
***	If the "Highest No	umber Previously Pai mber Previously Paid	id For" IN THIS SPA	ACE is les	s than '3	enter "3"	in th	e appropriate box	in column 1.			